



**Bridging the Gap in Ebola Prevention and Response in Côte d'Ivoire's At-Risk  
Northwestern Border Region**

**Award No. AID-OAA-G-15-00006**

**Location: Touba, Odienné and Minignan Regions, Cote d'Ivoire**

**Project Period: December 19, 2014 – June 18, 2015**

**Reporting period: December 19, 2014 – April 30, 2015**

**Submission Date: May 15, 2015**

## **A. Introduction**

### ***Background and Context***

The Ebola outbreak, declared in Guinea in March 2014, quickly spread to neighboring countries, namely Liberia and Sierra Leone. Caused by the Zaire strain of the virus, the epidemic is the deadliest since the first cases were reported in 1976. According to the latest WHO update,<sup>1</sup> 24,872 cases and over 10,000 deaths have been reported in the affected countries. Thanks to effective preventive measures, the disease has not spread widely outside the three most affected countries.

Following the declaration of the outbreak in March 2014, the Government of Côte d'Ivoire, particularly its Ministry of Health, took its first preventive measures through extensive dissemination of messages on Ebola prevention via the media and government offices. In September 2014, a National Plan on Ebola Fever Prevention and Response was drafted in response to the worsening situation in neighboring countries. With an estimated budget of \$26 million, the national plan focuses on six key objectives: 1) planning and coordinating the fight against Ebola; 2) communication and sensitization; 3) epidemiological surveillance; 4) prevention measures; 5) health system response capacities; and 6) research. It is within this framework that the government has sought the support of technical and financial partners such as the IRC to strengthen its response to the Ebola outbreak.

With funding from ECHO/C2D,<sup>2</sup> the IRC's health team in Côte d'Ivoire has been implementing Ebola prevention and response activities since April 2014 in 137 health facilities along the country's western border (in the Tonkpi and Cavally-Guémon health regions), supporting the Ministry of Health to more effectively respond to the threat of Ebola by contributing to the first five of the above-mentioned key objectives. This intervention is part of a larger initiative supporting Ebola prevention and response activities through four international NGOs along a large part of the Liberian and Guinean border.

In November 2014, the IRC carried out a rapid needs assessment in the Northern districts of Touba, Odienné and Minignan (health region is Kabadougou-Bafing-Folon). Those districts were considered to be highly vulnerable as they were located on the Guinean border but not covered by the above mentioned ECHO/C2D initiative. In those three districts, the level of preparedness with regard to the Ebola outbreak appeared to be highly unsatisfactory with coordination, surveillance, prevention and response mechanisms needing urgent strengthening. Based on these observations USAID and the IRC decided to replicate a similar intervention to that being carried out in rest of the sensitive border area. This way, all the health districts located on the Liberian and Guinean border would be specifically supported to address the Ebola threat.

## **B. Summary of Activities**

### ***Field Coordination***

During the reporting period, the IRC worked in close coordination with heads of districts and health region. All activities were preliminarily validated by the Regional Health Director or by the Regional Ebola focal point and several activities like border supervision visits, trainings and simulation exercises were jointly organized.

The IRC participated in monthly meetings in Abidjan and in the field with national institutions, including the National Institute for Public Hygiene (INHP), and other humanitarian actors (i.e. UNICEF, OCHA, Save the Children and the Côte d'Ivoire Red Cross), with the aim of looking for synergies and avoiding

---

<sup>1</sup> WHO: Ebola Response Roadmap Situation Report –March 25, 2015.

<sup>2</sup> *Contrat de désendettement et de développement* signed between France and Côte d'Ivoire.

duplication. For example, during trainings of health agents, some modules such as those covering safe burial practices, were facilitated by the Ivorian Red Cross.

Finally, the IRC worked closely with local administrative authorities (prefects and sub-prefects) who lead coordination activities in each district (regional meetings, control missions in advanced border posts, sensitizations, etc.) as specified in the national response plan against the disease.

### ***Program Activities***

The first action undertaken was a rapid needs assessment. In November and December 2014, the IRC health team conducted two missions in the districts of Touba, Odienné and Minignan. As a result of these missions, the team confirmed the existence of significant gaps in preparedness compared to other districts receiving support from international NGOs and national authorities. At the time of the evaluation, the three districts had only received a very basic Ebola briefing from the National Institute of Public Hygiene in April 2014. Additional practical trainings, protective equipment and effective epidemiological surveillance and response mechanisms appeared to be urgently necessary.

Following these assessments, the IRC began recruitment of staff with relevant qualifications, with all staff hired and on boarded by mid-February. For the specific project, the IRC recruited one health manager, two health assistant managers, one assistant community mobilization manager, one health officer and seven community mobilization assistants. The team was able to be deployed in the field by the end of February.

## **RESULT 1: Regional-level Ebola planning and coordination is improved**

### **Activity 1: Support the organization of coordination and monitoring & evaluation meetings**

#### **Interim results: 7 coordination meetings organized (final target: 20)**

- The IRC provided support to the local authorities for the organization of coordination meetings at the district level. In Odienné, five monthly coordination meetings were successfully organized by the prefect. In Touba, the prefect organized only two meetings despite the IRC's effort to hold a meeting every month. In Minignan, meetings did not take place mainly because the District Director provides remote supervision from Odienné and was not able to travel to the district as planned.
- On March 12, 2015, the commitment letter was signed between IRC and the Regional Health Directorate in Kabadougou-Bafing-Folon. The letter constitutes for both parties an engagement to support each other to achieve the goals of the project.

### **Activity 2: Support Ebola response supervision activities at border posts and health centers**

#### **Interim result: 5 supervisions (Final target: 6)**

- Five supervision visits to 12 border posts were jointly carried out by the IRC, the district management teams and the INHP. The visits focused on the respect of the guidelines on Ebola prevention, epidemiological surveillance activities and response preparedness. The first visit took place on February 26, 2015 in Sokoura Bafolo (this health area comprises seven villages). The second visit took place in Ouaninou and Koonan (Touba district - close to the Guinean border) on March 26-27, 2015. The last three visits were undertaken on 2 April in the border posts of Seydougou, Sirana and Gbeleban (Odienné district), on 18 April in Minignan district (Sokoro, Kimbirla Nord and Ouelli) and on 20 April in Touba district (Santa, Saboudougou and Koonan).

- Overall, IRC and its partners (district management teams and INHP agents) visited 12 border posts out of the 14 pre-identified. Generally speaking, these visits confirmed the existence of significant gaps in the surveillance system at the border.

In addition, IRC and its partners visited 14 out of 71 health centers. This is less than expected. The reasons for the delay can be explained by:

- the priority given to supervision visits at border posts;
- Difficulties with the recruitment of adequately qualified staff.

## **RESULT 2: Communities are aware of the risks and transmission mechanisms of the Ebola virus and community-led infection prevention is operational**

### **❖ Activity 1: Support the dissemination of Ebola sensitization messages**

**Interim result: 90 radio messages broadcasted (Final target: 4 messages/week); 53 booklets distributed (Final target: 68); 430 national guidelines distributed (Final target: 363)**

- IRC established partnerships with three local radio stations (Radio Bafing in Touba, Denguélé FM in Odienné and Radio Dakan in Minignan) in March 2015 in order to broadcast Ebola sensitization messages (two radio messages per day instead of four messages per week). IRC choose this option to speed up the sensitization. The content of these messages were designed by the Governmental Information and Communication Commission (CICG).
- IRC distributed 53 booklets to the community-based Ebola mobilization committees (1 booklet for each committees) in Touba and Odienné districts.
- IRC disseminated 430 Ebola prevention posters (instead of 363) in 50 villages and 71 health centers. IRC produced more posters than initially expected because of reproduction cost was lower than expected. Again, all of these tools (posters and booklets) were designed by the Governmental Information and Communication Commission (CICG).

### **❖ Activity 2: Support community-led identification of high-risk practices and safe alternatives that are socially and culturally acceptable:**

**Interim result: 53 community-based Ebola mobilization committees established (Final target: 68), therefore 530 community focal points trained (Final target: 680)**

- IRC provided technical and financial support to both districts of Odienné and Touba to establish 53 community-based Ebola mobilization committees (26 in Touba and 27 in Odienné). The Ebola mobilization committees are composed of 10 community Ebola focal points in each health area. This includes four community health workers, one traditional chief representative, two religious representatives, two women and youth representatives and one traditional medicine representative.
- Once established the committees are trained. At the end of the reporting period, 530 of the 680 community Ebola focal points had received the training. This happened in March and in April 2015 in Odienné and in Touba. The training courses focused on basic notions about the Ebola virus, transmission modes, risks, communication techniques to adopt in this particular context, hand washing techniques, safe burials, and epidemiological surveillance, etc.

### **❖ Activity 3: Support the dissemination of community-identified safe alternative practices:**

**Interim result: 12.107 households visited by the community focal points (Final target: 20.400).**

- 530 community Ebola focal points visited 12,107 households, on average 6 per focal point.
- Each Ebola mobilization committee received a small financial compensation equivalent to around \$40 (20,000 FCFA) per month and committee when they achieve the expected target (60 households visited per committee each month). The IRC staff checked systematically the achievement through sensitizations forms filled out by focal points and signed by the visited households.

### **RESULT 3: Epidemiological surveillance is strengthened at the regional level**

#### **❖ Activity 1: support the community epidemiological surveillance system and support the active research of suspected cases of Ebola**

**Interim result: 423 Community Health Workers (CHW) trained (Final target: 544)**

- By mid-April 2015, in collaboration with the health districts, IRC organized training courses for 423 community health workers on community epidemiological surveillance, detection and reporting of alerts cases and triggers events and contact tracing. This activity happened in Touba from April 14-18 and in Odienné from April 21-25.
- After the training course, each CHW received 2,000 FCFA (4 \$) phone stipend per month in order to report epidemiological information (alert cases, triggers events) to the health workers in charge of the health centers.

#### **❖ Activity 2: Strengthen the capacities of health workers to conduct epidemiological surveillance:**

**Interim result: 74 health agents trained (Final target: 85)**

- In collaboration with the regional health teams, the district management teams and the INHP, the IRC organized training courses, on March 19 and 20 2015, for 29 health workers in Touba and on March 23-25 2015 for 29, in Odienné. In April 15-16, the IRC organized training courses in Minignan for 16 health agents. The training courses focused on contact tracing, reporting, researching and investigating suspected cases of Ebola, active research, isolation of suspected and probable cases, waste management and safe burial practices.

### **RESULT 4: Ebola transmission prevention measures are improved**

#### **❖ Activity 1: provide 75 health facilities (71 health facilities + 3 district offices + 1 regional office) with basic Ebola protection equipment (gloves, aprons, chlorine, hand washing stations) and strengthen hygiene and Ebola prevention measures in health care settings:**

**Interim result: 0 Ebola prevention equipment and supplies have distributed in the 75 health centers (Please see Section C. Activities Planned for the next Reporting Period)**

#### **❖ Activity 2: Train health agents on hygiene measures and prevention against Ebola**

**Interim result: 74 health workers trained (Final target: 260)**

- The IRC trained 74 health agents (71 from health centers and three staff from the district level).

### **RESULT 5: Regional-level capacities for responding to Ebola are strengthened**

❖ **Activity 1: Strengthen the capacities of the Rapid Intervention Teams (RIT) at the regional and health district levels and MoH ambulance repair for investigation**

**Interim result: 48 rapid intervention team members trained (Final target: 44)**

- Three Rapid Intervention Teams were established in the three health districts of Odienné, Touba and Minignan. From March 19 to 21, one training was carried out for 15 members of the rapid intervention team in Touba. From March 23 to 25, the same training was given to 19 members of the RIT in Odienné. The last session occurred from April 15 to 17 for 14 members of the RIT in Minignan. Each training was organized by the IRC in collaboration with the district management teams, the National Institute for Public Hygiene (INHP) and the Cote d'Ivoire Red Cross. The trainings clearly defined the roles and responsibilities for team members and provided multiple simulation exercises on the investigation of suspected cases, sampling and transporting samples to the country's testing laboratory in Abidjan, management of a treatment site, management of confirmed cases and management of medical waste and cadavers.

Topics covered in the training sessions include:

- General / Organizational Framework against Ebola in the Ivory Coast
  - Organizational framework and Outbreak management
  - Protection of health workers and Patient Triage
  - Epidemiological surveillance in general
  - Communication skills in the Ebola context
  - Psychosocial care
  - Isolation measures of a suspected case in health structures
  - Cleaning Technology hands and chlorine dilution techniques
  - Waste management and disinfection of premises
  - Safe burial
  - Composition and Setting RIT tasks
  - IPE dressing and undressing
  - Sampling and transportation
- With regards to the IPE (Individual Protection Equipment) kits contingency stock, the IRC decided to cancel the purchase order because INHP indicated the availability of over 100,000 kits in its stock and asked to avoid other purchases. The IRC requested official confirmation of the guidelines for requesting and distributing the kits. The IRC advised district management teams to officially request IPE kits from INHP and the IRC will arrange the transportation.

❖ **Activity 2: strengthen capacities at the isolation sites**

**Interim result: 0 Ebola isolation sites established (Final target: 4)**

- In conjunction with health authorities, three spaces for isolation sites were identified. Delivery of the related supplies (12 tents 45 m2, markup net rolls, tables, chairs, bowls, 12 beds, block shower and latrine for the patient, 3 tanks of 1000 L water) to the IRC logistics base in Man, close to the project area, was completed by the end of March. Three contractors were identified at the end of April.
- The IRC was informed that the *Banque Africaine de Developpement* (BAD) and the INHP has decided to construct an Ebola treatment unit (ETU) at a site in Odienne. For this reason, the IRC

decided to install only one isolation site in Odiénne (instead of two). The Director of the INHP confirmed to IRC the information by e-mail.

### **C. Activities Planned for the Next Reporting Period**

#### **RESULT 1: Regional-level Ebola planning and coordination is improved**

##### **Activity 1: Support the organization of coordination and monitoring & evaluation meetings**

- In May 2015, IRC plans to organize a regional meeting to elaborate a contingency regional plan aiming at mobilizing human resources and making recommendations to improve prevention and response actions in the three districts.

##### **Activity 2: support Ebola response supervision activities at border posts and health centers**

##### **Interim result: 5 supervisions (Final target: 6)**

- IRC and its partners (district management teams and INHP agents) will visit the two remaining ones (in Odiénne district) will be visited in May 2015.
- In addition, IRC and its partners will visit the remaining health centers to verify levels of adherence to the guidelines on Ebola prevention, epidemiological surveillance activities and response preparedness.

#### **RESULT 2: Communities are aware of the risks and transmission mechanisms of the Ebola virus and community-led infection prevention is operational**

##### **❖ Activity 1: Support the dissemination of Ebola sensitization messages**

- Continue to broadcast sensitization messages on three local radio stations (Radio Bafing in Touba, Denguélé FM in Odienné and Radio Dakan in Minignan).
- Finalize the distribution of booklets to the community-based Ebola mobilization committees (1 booklet for each committees) in the Minignan district.

##### **❖ Activity 2: Support community-led identification of high-risk practices and safe alternatives that are socially and culturally acceptable:**

- Continue to provide technical and financial support for the establishment of community-based Ebola mobilization committees, the remaining 15 committees will be established in Minignan in early May.
- At the beginning of May, the IRC plans to train the 15 remaining committees of the Minignan district.

##### **❖ Activity 3: Support the dissemination of community-identified safe alternative practices:**

- The remaining 150 community Ebola focal points to be trained in Minignan (beginning of May), the IRC will achieve the target of 20,400 by the end of the project.
- Continue to monitor the achievement of sensitization targets through systematic checks of sensitizations forms

#### **RESULT 3: Epidemiological surveillance is strengthened at the regional level**

❖ **Activity 1: support the community epidemiological surveillance system and support the active research of suspected cases of Ebola**

- IRC organize training courses in collaboration with the health districts, on community epidemiological surveillance, detection and reporting of alerts cases and triggers events and contact tracing for the remaining 121 CHWs in Minignan.
- Distribute phone stipends to the remaining CHWs once they complete their training

❖ **Activity 2: Strengthen the capacities of health workers to conduct epidemiological surveillance:**

- Train the remaining 11 health agents on contact tracing, reporting, researching and investigating suspected cases of Ebola, active research, isolation of suspected and probable cases, waste management and safe burial practices.

**RESULT 4: Ebola transmission prevention measures are improved**

❖ **Activity 1: provide 75 health facilities (71 health facilities + 3 district offices + 1 regional office) with basic Ebola protection equipment (gloves, aprons, chlorine, hand washing stations) and strengthen hygiene and Ebola prevention measures in health care settings:**

- The protection equipment distribution in the three districts (75 health facilities) will start in May 2015. A purchase order has been issued for the following items:
  - 2,400 pairs of gloves;
  - 44,000 aprons;
  - 135 hand-washing stations;
  - 100 infrared thermometers.

The purchase order for chlorine has been put on hold as the confirmation by UNICEF on their available stocks is awaited. Finally, to strengthen the waste management's system, the IRC identified two enterprises to build seven burners. Two burners will be located in the health centers based in Odienne district, two in Minignan and three in Touba.

❖ **Activity 2: Train health agents on hygiene measures and prevention against Ebola**

- For the remaining staff to be trained, the IRC will organize three trainings in May and in June. These trainings will be delivered by the district management teams previously trained (result 3). The training will be carried out during a single session integrating all aspects of Ebola response, including prevention of transmission of Ebola disease and strengthened hygiene measures to be followed in the health structures.

**RESULT 5: Regional-level capacities for responding to Ebola are strengthened**

❖ **Activity 1: Strengthen the capacities of the Rapid Intervention Teams (RIT) at the regional and health district levels and MoH ambulance repair for investigation**

- Continue to follow up with the INHP on the distribution and transportation of IPE kits to district management teams.

❖ **Activity 2: strengthen capacities at the isolation sites**



- Identified contractors will begin to building the temporary isolation structures in May, with an estimated installation time of two to three weeks per site.

#### **D. Constraints/Challenges**

The most significant challenges the IRC faced during the reporting period were the following:

- Logistical difficulties and poor road infrastructures in the implementation area. The distances between villages served by the intervention are significant. That, combined with the poor quality of the roads meant that access to the program sites was difficult at times and took longer than anticipated.
- Historically, remote health districts like Touba, Odienne and Minignan have received little support, either from the Cote d'Ivoire Ministry of Health or from humanitarian organizations. Central authorities and humanitarian organizations have focused their efforts in the Southern and Western parts of the country leading to a disparity in the levels of development and in the resources local health districts have at their disposal. This has led to a situation where local health authorities are not adequately prepared for a health crisis such as Ebola. The present lower levels of capacity and resources mean that more intensive assistance from INGOs is needed to achieve project aims, slowing the anticipated project timeline.
- As the Ebola prevention activities are a response to a short term crisis, there have been some issues with retention of locally hired employees. The short term nature of the program resulted in some employees leaving before project end to seek options for more secure long term employment.
- Heavy procurement procedures generate delays in the supply of materials,

For these reasons, the IRC anticipates needing to request a one month Non-Cost Extension to finalize all the activities planned under this project.

#### **E. Communication, Visibility and Information Activities**

To ensure compliance with USAID branding and marking guidelines, all supplies and materials distributed are clearly marked as funded by USAID. For example, during the reporting period, the IRC delivered 700 t-shirts to 680 community focal points and 20 IRC colleagues in the field and produced 160 stickers for 8 motorcycles, 10 computers, one scanner and 135 hand-washing stations. In addition, the USAID Identity is printed along with the IRC logo and the Ministry of Health and AIDS Control logos on all training materials and banners during training workshops.

<b>Monitoring and Evaluation Plan</b>					
<b>Objective: To reinforce the Ebola prevention, epidemiological surveillance and response capacity in three health districts of Odienné</b>					
<b>RESULT 1: Regional level Ebola planning and coordination is improved</b>					
<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline / Target</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Updated to 30 April 2015</b>

1.1 # of departmental committee coordination meetings organized	Output	Baseline: 0  Target: 20 (1 monthly for each departmental committee and 1 quarterly for the regional committee)	IRC project reports	Monthly	7
1.2 # of supervision visits carried out to advanced border posts	Output	Baseline: 0  Target: 6 (1 per month)	IRC monitoring reports	Monthly	5
1.3 # of departmental committees implementing national Ebola action plan	Outcome	Baseline: 0  Target: 3 (100%)	IRC monitoring reports	Monthly	0
<b>RESULT 2: Communities are aware of the risks and transmission mechanisms of the Ebola virus and community-led infection prevention is operational</b>					
Indicators	Indicator Type	Baseline	Method of Verification	Frequency of Measurement	Updated to 30 April 2015
2.1 # of community focal points trained on the risks and prevention measures for Ebola transmission	Output	Baseline: 0  Target: 680	IRC project reports	Monthly	530
2.2 # of households visited by the community focal points	Output	Baseline: 0  Target: 20,400	Focal point reports	Monthly	12.107
2.3 # of sensitization messages distributed in the target health districts	Output	Baseline: 0  Target: 4 radio messages/week; 363 national guidelines; and 68 booklets	IRC monitoring reports	Monthly	2 radio messages/day; 53 booklets; 430 national guidelines
<b>RESULT 3: Epidemiological surveillance is strengthened at the regional level</b>					
Indicators	Indicator Type	Baseline	Method of Verification	Frequency of Measurement	Updated to 30 April 2015
3.1 # of CHWs trained on community-level epidemiological surveillance	Output	Baseline: 0  Target: 544	IRC project reports	Monthly	423

3.2 # of professional health agents trained on epidemiological surveillance	Output	Baseline: 0 Target: 85	IRC project reports	Monthly	74
3.3 # of active investigations into suspected cases of Ebola organized by the DMTs	Output	Baseline: 0 Target: 18 (one outing per month per district)	IRC monitoring reports	Monthly	/
<b>RESULT 4: Ebola transmission prevention measures are improved</b>					
<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Updated to 30 April 2015</b>
4.1 # of health workers (public, private, paramedic) trained on hygiene practices and Ebola prevention measures	Output	Baseline: 0 Target: 260	IRC project reports	Monthly	74
4.2 # of health facilities and offices provided with basic Ebola prevention equipment and supplies	Output	Baseline: 0 Target: 75	Health Worker monitoring reports	Monthly	0
<b>RESULT 5: Regional-level capacities for responding to Ebola are strengthened</b>					
<b>Indicators</b>	<b>Indicator Type</b>	<b>Baseline</b>	<b>Method of Verification</b>	<b>Frequency of Measurement</b>	<b>Updated to 30 April 2015</b>
5.1 # of Rapid Intervention Team members trained in emergency Ebola response	Output	Baseline: 0 Target: 44	IRC project reports	Monthly	48
5.2 # of Ebola isolation sites established	Output	Baseline: 0 Target: 4	IRC project reports	Monthly	0